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## Introduction: Care in the Past

*William Southwell-Wright, Rebecca Gowland, and Lindsay Powell*

### Introduction

Care may be broadly defined as the provision of what is necessary in order to maintain another person's state of health and welfare. Care provision for infants and children is regarded as normative and universal; care for the elderly is culturally more variable, though still an expected part of the dynamics of care across the life course. Care for those who are dependent as a consequence of physical and/or mental impairments arguably presents a more exceptional social challenge. From the earliest humans to the present day, all groups have faced choices regarding the care, inclusion, or marginalisation of impaired individuals. Decisions regarding care-giving within any one society are contingent on a range of factors, such as environment, culture, and social structure, in addition to the nature of the impairment and the identity of the sufferer. The question of care, both as an activity and as a social attitude towards those who need it (the 'emotional' side of care), are of inherent interest to all people in all times. It is worth noting, that in this broad definition of care, it is important that we do not confine it to humans alone, but also encompass the care of animals. This book therefore aims to address a variety of these aspects of care in the past, through the adoption of a range of perspectives furnished from evidence that includes bioarchaeological, isotopic, faunal, philosophical and historical analyses.

In the developed world questions surrounding care for the disabled, the elderly, their place in society, and social stigma and approbation surrounding people's choices of child-rearing practices are matters of constant discussion and controversy, both within the media and wider society. These discussions contain aspects which are both practical, relating to the structure, environment, and economics of society, and facets which relate more widely to questions of emotion, and ethics. The ability of past societies to provide forms of treatment that may signify care in its most immediate forms through practices of childbirth and rearing, medical treatment, and the treatment of the body in death, has become a subject of interest. Archaeologists have often shied away from looking at the significance of care, or have not felt comfortable with equating its provision with specific emotive or ethical states of being. Within some areas of archaeological expertise, such as within prehistoric and hominid contexts, the provision of care-giving is one that is explicitly controversial (see below, also Doat and Thorpe, this volume).

Whilst studies of birth, childhood, medical treatment, disability and old age are to be found in archaeology for all historical contexts and societies, the topic of *care* in and of itself has been less of a focus and has remained often only hinted at during discussion of topics to which it should be central. Whilst the editors of this volume all have different research interests in specific terms, we have all touched on and been interested in topics of care within archaeology. Care remains an under-analysed and poorly represented form of human behaviour within the archaeological literature. Through this edited book and the events that preceded it, we hoped to kick-start discussion on just how care-giving as a practice and a

behaviour can be recognised archaeologically, historically, and in an interdisciplinary manner. The papers in this volume hopefully contribute to such a dialogue.

The papers that comprise this volume arose from two events organised in 2012. The first was a one-day conference entitled “Care in the Past: Archaeological and Interdisciplinary Dialogues” held at the College of St. Hild and St. Bede, Durham, where several of the papers in this volume were first presented. Following on from this, a session titled “Disability and Archaeology: Critical Perspectives and Inclusive Practices” was held at the 2012 Theoretical Archaeology Group Meeting at the University of Liverpool. Additional papers by David Doat, Ellen Kendall, and Richard Thomas were commissioned. The volume has two aims: the first is to contribute towards the development of debates surrounding care-giving utilising a range of archaeological evidence and the second was to showcase the work of younger scholars working on the topic alongside more established academics.

This introductory chapter outlines the context within which research regarding care in the past is currently situated, with a specific focus on two separate, albeit heavily entwined, strands: the treatment of people with impairments and disabilities in the past and their care, and the ways in which people at different points in the life course receive care or neglect.

#### **Care, impairment, and disability.**

One of the key debates within the topic of care and its archaeological recognition relates to the treatment of the infirm and impaired in past societies, and the degree to which we can recognise any past social stigma, disability, that arose from this. Archaeologists have tended to project modern ethnocentric ideas onto what it would have meant to be disabled in the past, which opened them up to criticism in terms of the often unfounded and overly imaginative conclusions that have been drawn (see Roberts 2000, 52-54; Roberts 2006, 424-425 for a discussion). Such flaws are to be avoided, but should not discourage the enterprise of looking at disability altogether.

Traditionally, many archaeologists have been pessimistic about the possibility of identifying care as a form of emotional engagement. Dettwyler (1991), in a highly-influential paper, advocated against archaeologists inferring attitudes of compassion towards disability from palaeopathological evidence. This work set the tone for much subsequent archaeological debate on the subject of care in the past, arguable discouraging further investigation (see Thorpe and Doat, this volume, for discussion on Dettwyler’s specific critiques). The arguments of Dettwyler and those who have followed her lead are that understanding disability requires us to reconstruct behaviour towards people from skeletal evidence alone; however, when attempting to infer an emotive concept such as compassion, it is all too easy to project our own ethnocentric and anachronistic conceptions onto this evidence, as well as our more emotive concerns surrounding care. Consequently, Dettwyler has argued that we need to differentiate between care and treatment of impairments, in a medical-functional sense, and compassion as a state of attitude towards the disabled person, and consider what would constitute evidence for these. Differentiating between genuine care and compassion for individuals and the act of simply keeping them

alive is problematic through archaeological evidence alone (Roberts 2000, 55). This is a question that perhaps betrays contemporary attitudes towards the disabled; only if we see the impaired as requiring 'compassion' to survive and contribute to their society do we see their existence in the past as heralding such an emotion (Buikstra and Scott 2009, 40; Dettwyler 1991, 376-377).

Sarah Tarlow's (2000) work on the value of emotions in archaeological study also considers the question of disability. Tarlow's analysis follows Dettwyler's critical stance towards reading attitudes of compassion, similarly pointing out that care is not necessarily altruistic and nor are the disabled necessarily a drain on resources; assuming otherwise relies on the notions of ability and disability being a trans-historical given (Tarlow 2000, 726-727). When assessing the 'compassion' of an individual being 'allowed to live', or their productivity, we have to be careful not to project our values and experiences regarding these topics onto the evidence.

Many other authors (e.g. Trinkaus 1983; Trinkaus and Zimmerman 1982; Tappen 1985; Frayer *et al.* 1987; Dickel and Doran 1989; Lebel *et al.* 2001; Degusta 2002, 2003) have continued these sceptical lines of inquiry into care-giving for the disabled, specifically in prehistoric contexts. These debates focus on the technicalities and implications of given diagnoses and the issue of how particular impairments would have impacted an individual's chances of survival, rather than on the social circumstances of those who did survive. There is a common supposition that mobile hunter-gatherer populations would have been less able to incorporate impaired individuals in the past than settled populations (Roberts 2010, 48). Such arguments often implicitly take on a perspective of Social Darwinism, as further discussed by Thorpe and Doat in this volume.

**Comment [1]:** I don't know what you mean by sceptical lines of inquiry? Do you mean that they don't believe that compassion was exercised. I think that this while section needs some minor tweaking as I was a little confused on meaning in a couple of places.

Care is now burgeoning as a key concern in the archaeological literature, although following Dettwyler's critique, the more emotive concept of compassion is largely avoided. A key agenda in these works has been to demonstrate that people with severe impairments that would have necessitated care in order for them to survive, did live into adulthood. This belies the underlying assumption that those with disabilities would naturally be seen as burdens, or as marked out for an early death in the past; only if we possess such a predisposition or assumption in our own minds does their presence become significant in itself (Southwell-Wright 2014). For example, Stirland's (1997, 587) article on the Medieval Parish Cemetery of St Margaret Fyebridgegate demonstrates the presence of a "caring, supportive community" through the physical inclusion of individuals with extensive physical impairments and deformities. Similarly, Kilgore and Derven (2010) have taken the presence of an adult individual with severe congenital scoliosis (that could have potentially led to cardiovascular anomalies, neurological and genitourinary problems) to represent a *de facto* argument for the presence of some form of care in that community. Nonetheless, there are some problems with simply assuming that the presence of the disabled necessarily represents the presence of care as a state of integration without further analysis.

**Comment [2]:** Will, you should cite your own two publications in this chapter.

Much work on care remains speculative; however, studies that have attempted to situate evidence for impairments within a wider context; osteologically, archaeologically and historically; show more convincing results. Hawkey (1998) offers one of the most widely discussed analyses of disability and care in the past, in her study of an individual from Gran Quivira Pueblo, New Mexico. An adult male suffered from juvenile chronic arthritis and ankylosing spondylitis, which led to progressive degeneration in their mobility. In this study Hawkey utilised musculoskeletal stress marker (MSM) data (now referred to as enthesal changes - see Vilotte *et al.* 2016) to compare individual 391 to other contemporary adult males, to assess the degree of impairment and changes in its form, severity and effects over time as condition worsened. Despite the individual's increasing physical impairment, Hawkey (1998, 338) found that "there is no archaeological evidence to suggest he was treated differently" because of this, and their burial was normal in most respects bar one; burial 391 was found in a subfloor context, one usually reserved for children, perhaps suggesting the sort of care and relationship this man had with his family (Hawkey 1998, 336). In this instance, the severe disability may have had an infantilising effect on the individual's identity: they occupied a similar social role to that of children, perhaps due to their dependency. Work such as this, that places the cared-for individual within their wider social context, can provide us with more insight than the simple model of looking at care solely in terms of the provision of the basic necessities for life.

Recent years have seen some exciting developments in the literature relating to care. Oxenham (*et al.* 2009), Tilley and Oxenham (2011) and Tilley (2015a; 2015b) have managed to go beyond the previous speculative literature on care by examining the needs engendered by specific impairments and situating this evidence within specific social contexts. They analysed the burial of a 20-30 year old male from the Neolithic cemetery site at Man Bac, North Vietnam. This individual was buried in a non-normative way and presented a range of skeletal abnormalities as a result of congenital fusion of the spine (Klippel-Feil Syndrome) leading to complete paralysis of the lower limbs, with limited upper body function and a permanent rotation of their head to the right (Tilley and Oxenham 2011, 36; Oxenham *et al.* 2009, 109). Tilley and Oxenham (2011) utilised modern clinical data to suggest a more nuanced range of implications of the individual's impairment. The concept of care is deconstructed and they acknowledge the wide range of types of care possible, from short term supply of basic needs to long-term incorporation of an impaired individual within a group dynamic. They argue that we can reconstruct how care was provided in past communities by assessing what minimal needs would have had to have been met for the person to have survived their specific impairment within their social context as well as a consideration of other less vital needs that it may be possible to demonstrate were met (Tilley and Oxenham 2011, 36). In Tilley's (2015) bioarchaeology of care model, care is separated into basic care, i.e. meeting this individual's daily needs, and advanced care such as medical, hygiene and psychosocial needs. The implications of this individual's impairments in their environment are considered against all of these, allowing a

more complex picture of their requirements and how their community would have needed to adjust to meet them (Tilley and Oxenham 2011, 37-39). For example, a high quality of care was found for Man Bac individual, as evidenced by their survival and lack of pressure sores and fractures; both their basic and medical needs seem to have been provided for. This attests to the ability of his community to adapt, it also attests to attitudes in that following the onset of his paralysis it would become clear that he would “never be capable of making a substantive material contribution to the community”, and would require resources being given to him; this would have required group consent (Tilley and Oxenham 2011, 39). The consideration of this individual’s specific needs and the accommodation that would be required in order to meet them is much more nuanced than previous arguments. Tilley and Cameron (2015) build upon the bioarchaeology of care to produce the ‘Index of Care’, which is designed to support bioarchaeological interpretations of care in the past through the provision of a series of evaluative steps extending from the characteristics of the physical impairment to the social context. Although the publication of this Index post-dates the written contributions to this edited book, the Index of Care has already proven to be highly influential. The bioarchaeology of care that Tilley and her co-authors present facilitates greater insights into both cultural and individual experiences of severe impairment in the past, and represents a significant advance on what previous work has offered, as well as suggesting the way forward in analysing disability in the past by looking at social status through burial practice. However, the index is formulated to address the care of impaired individuals only and does not adopt the broader remit of care, included in this book (i.e. child care, elder care and care of animals).

Similarly, Armstrong and Fleischman (2003) present an interesting case study of an individual within the wider context of their study of House-Yard Burials in an 18th century plantation settlement in Jamaica. House-yard burial, consisting of inhumation in house-yard courtyards with grave goods, was practiced within transplanted slave communities and is thought to have retained several West African elements (Armstrong and Fleischman 2003, 38-40). One individual on this site, SAJ-B1 was a male, approximately 20-25, and was buried within a coffin in close proximity to one of the house structures on the site within a walkway between houses and lacked any sort of grave marking (Armstrong and Fleishman 2003, 37-43). Strong bowing of the femur and a “pathologically narrow” tibia alongside asymmetry of the right mandible lead to a suggestion that this individual was paraplegic and may have suffered partial facial paralysis (Armstrong and Fleischman 2003, 51-54). Immediately above this coffin in the grave fill a lock had been placed, “Local Jamaicans who witnessed the excavations were quick to comment on the use of locks to “keep the duppy down”, or to hold the spirit of the deceased in the ground” (Armstrong and Fleishman 2003, 46-47). Clearly a person with a significant impairment could survive in a plantation environment, and his regular interment in most regards would indicate that he was integrated into the community. On the other hand, the use of the lock indicates that his disability may have provoked negative superstitious attitudes in death, and thus demonstrates both the wide

**Comment [3]:** Yes, this does need to be moved up as it would be useful to end this section on Tilley as it feeds into the life course section then.

range of conditions impaired people could have survived in during the past, but also the superstitions attached to their condition, as well as the value in interpreting individual graves. Similarly, Groves (*et al.* 2003) examined the burial of a young adult female from a 15<sup>th</sup> century context in Ripon Cathedral, North Yorkshire. She had a deformity of the chest causing anterior bowing of the sternum, flattening of the spinuous processes of the thoracic vertebrae and abnormal curvature of the ribs originating from the condition of *Pectus Carinatum*, a congenital deformity of the chest which emerges in childhood. Whilst often asymptomatic beyond the visible deformity itself, it can cause difficulties in breathing and heart complications (Groves *et al.* 2003, 360-365). Due to their burial within the Church, this individual was interpreted to be of high status, causing speculation as to what treatments may have been available to them; this includes external compression treatment in the form of a brace, although such treatment is not attested to in medieval medical texts (Groves *et al.* 2003, 366). Usefully, Groves (*et al.* 2003, 366) cites modern literature on the effects on the social persona of those with *Pectus carinatum* currently, citing experiences of anxiety, disturbed body images and social distancing, much like the earlier study by Tilley and Oxenham (2011), this reminds us the importance of considering the psychosocial impacts of impairment and care-giving.

More recent case studies, such as that of Duijvenbode *et al.* (2015) have taken on the importance of both the bioarchaeology of care model and approaches to burial context and disability that are informed by the social model of disability (e.g. Southwell-Wright 2013, 2014) in their study of an individual with congenital aural autresia from pre-Colombian Venezuela, who they concluded due to their normative burial treatment would have been fully integrated into their community. However, such socially-informed studies remain the minority rather than standard practice. It is within this context of a budding, but still nascent literature relating to the social position of the impaired and disabled in the past and their provision of care that the papers in this volume intend to contribute.

**Comment [4]:** Yes, one of these case studies could perhaps be excluded, or certainly reduced. Perhaps reference a few case studies together, rather than sequentially describe them.

**Comment [5]:** This needs to be edited down and put in earlier – I will do this once you've had a chance to have a look.

### Care and the life course.

Decisions regarding care provision, the motivations behind care, and the identity of the carer, varies according to the life stage of the dependent individual. Throughout the life course all individuals experience stages of dependency, during which we are reliant to a less or greater extent on the care of others. Care is a normalised aspect of infancy and early childhood, and to some extent, is also an expected sequelae of increased frailty in older age. The aspect of care that has received the most attention in the archaeological record has been infant and child care. Cultural constructions of these early stages of the life course are subject to variability and these will impact upon the nature and duration of care provision, as well as the identity/ies of the primary care-givers. The move towards a state of economic and social independence – the absence of the need for care – is a marker of maturity and adulthood.

Hockey and Draper (2005) raise an important point regarding life course analyses that have a bearing on discussions of care: they state that such studies have been constrained by the 'twin gate posts of birth and death', without due consideration of a pre-conception or post-death identity. Care is a relationship between care-giver and care-receiver, but Hockey and Draper's (2005) point raises the question of whether such a relationship can exist in the absence of an embodied recipient. Let us consider this pre-life and post-death extension of the life course in relation to care. One example of this is provided by Hockey and Draper (2005) who discuss the provision of care by proxy, even before an individual has come into being, through the engagement of men and women in pre-conception regimes, such as vitamin supplements and exercise, with the aim of optimising the life chances of future embryos. Such embodied practice is a form of preventative, anticipatory care for the health of a future, hoped-for, child (Hockey and Draper 2005). At the same time, it signals intent and the beginnings of the performativity of parenthood – one of the most enduring caring commitments – and the reconceptualization of individual identities from man and woman, to mother and father. After conception, such embodied activities continue and the pregnant body becomes subject to continued care, through diet, alcohol abstinence, and so forth. As the pregnancy progresses, the maternal body also becomes the subject of a form of *collective care*, via the medical and public gaze (and censure), which monitors the behaviour of pregnant women. Therefore, by the time an infant has been brought into the world, they have already been the recipients of culturally contingent care practices, formulated by social constructions of the pregnant body and fetal entities. Such care practices will have impacted upon the well-being and even future health trajectory of the developing infant (Gowland 2015). The Developmental Origins of Health and Disease hypothesis has highlighted the importance of the first 1000 days of life (including and especially in utero) for life-long health (Barker *et al.* 2002). For example, factors such as maternal anxiety and post-natal depression have been shown to have long term effects on stress responses in infants (Oberlander *et al.* 2008; Feldman *et al.* 2009; Poggi Davis *et al.* 2011). We should therefore consider the fact that care, whilst a relationship, is one that can be enacted even prior to life, but that such caring behaviours can have tangible embodied consequences once the recipient comes into embodied existence.

This also raises the question of post-death and whether we should consider the rituals that accompany the funerary sphere as a form of care; care for the spirit, or for the individual in the 'afterlife'. For example, the artificial mummification lavished upon infants and fetuses by the Archaic period Chinchorro in the Atacama desert may speak to a form of care for these dead infants (Standen *et al.* 2014). The tending of graves, the leaving of offerings, or the more direct manipulation of the deceased bodies themselves are all commonly practiced within different cultures. Should this treatment be regarded as a form of care, or do these actions instead fulfil broader societal imperatives and roles that supersede that of care for the individual?

Within archaeology, the majority of literature on infant care has focussed on feeding regimes and non-specific indicators of poor health in relation to physiological stresses that accompany important milestones such as the introduction of food alongside breastmilk



(Stuart-Macadam 1995; Katzenberg *et al.* 1996; King and Ulijaszek 2000; also see Kendall, this volume). Infant feeding and care is significant for infant health, but also have repercussions for health in later childhood and even adulthood (Barker *et al.* 2002). Quite often studies of childhood have been considered an offshoot of gender studies and tend to be dominated by female scholar. However, as authors such as Lewis (2007) have highlighted, children provide an important barometer of population well-being and should therefore be considered a more central concern of archaeologists. Developments in stable isotope analyses have provided a particularly useful means of addressing infant feeding in the past and the variable regimes practiced within and between different cultures (Kendall, this volume; also Fuller *et al.* 2006; Jay *et al.* 2008; Haydock *et al.* 2013; Powell *et al.* 2014; Tsutaya *et al.* 2015). Though receiving significantly less attention, isotopic analyses have also been utilised to examine dietary changes throughout childhood and its associated life course transitions (Prowse *et al.* 2005; Jay and Richards 2006; Prowse 2011; Powell 2014; Burt 2015). Recent developments have allowed the extraction of high resolution incremental data from tooth dentine, producing nitrogen and carbon isotope ratios for intervals of less than one year, from before birth to approximately 23 years of age, depending on the tooth being sampled. This method allows the construction of chemical biographies of life experiences (diet, physiological stress, and migration) and longitudinal information from the skeleton to be obtained, and is proving particularly insightful for analyses of care during childhood (Eerkens *et al.* 2011; Beaumont *et al.* 2013, Montgomery *et al.* 2013; Beaumont *et al.* 2015; Burt 2015).

Studies of childcare in the past tend to assume or focus on the nuclear or extended family contexts. However, we should also consider broader, non-normative, contexts for the care of children within different institutional settings, such as workhouses, religious houses, as apprentices, or in hospitals (Beisaw and Gibb 2009; also see Philips this volume). The impact of such institutional regimes on the health and care of children is worth exploring within an archaeological perspective (Geber and Murphy 2012; Thomas 2013; Henderson *et al.* 2014). Lewis' (2015) recent research on medieval adolescence and apprenticeships explores the impact of work on the growing body and maturational delays incurred. Likewise Penny-Mason and Gowland (2014) examine the detrimental impact of the Reformation in later medieval England on the availability of poor relief and alms-giving, observable in the deteriorating health of the children.

When considering care of the physically or cognitively impaired, we need to be mindful of the fact that the identity of an individual as 'disabled' is also life course situated. For example, an impaired infant, born with a congenital anomaly (see Lewis, this volume), will require care, but so too does his or her healthy peers. Their identity as an 'infant' supersedes that of being 'disabled'. As the infant grows older, the impairment may become more apparent, particularly if it impedes normative physiological and social milestones. Care of that same individual as it develops therefore becomes increasingly non-normative and they may *grow into* a disability-aligned identity. However, decisions regarding this individual's care were not made spontaneously during this later stage of development and disability, but evolved from more normative care-giving behaviour in the earlier stages of their life course (Gowland, in press). This is important to consider: an impairment may

remain static in terms of the dysfunction caused, but the perception of the individual as 'disabled' may be life course dependent. The same is true for the older end of the life course; older men and women are often excluded from disability studies because they are not considered truly disabled, they are merely old (Priestley 2003, Gowland, in press).

The onset of illness or impairment during adulthood may be socially disabling, but the disability is a negotiation between the impairment and the pre-impairment personae of the individual. Social networks and status may have an ameliorating effect on the extent to which a particular impairment becomes disabling. Disability is also gendered, with men and women often experiencing disability differently, depending on the degree to which it impinges upon the culturally prescribed performance of masculine or feminine roles. It is important therefore that we do not assume homogeneity with regard to categorisations of disability and impairment in the past, but consider it on a case by case basis alongside other forms of archaeological and historical evidence.

Looking towards the older end of the life course, it is apparent that care of the elderly and frail is a subject that has been largely overlooked within archaeology. This is due, in part, to the assumption that very few people in the past lived to an advanced age (Gowland 2007). Attitudes towards the impaired elderly is variable within and between societies, with some cultures or individuals engaging in death hastening behaviours: indeed the older person may be complicit in such activities (Brogden 2001, Gowland, in press). This brings us to the subject of abuse of the impaired. The concept of care invokes notions of positive, emotionally supportive behaviour, but of course, poor quality care also exists. There is also the potential for relationships of economic, physical or cognitive dependency to become abusive and we should be mindful of this when interpreting the archaeological evidence (Gowland 2015b).

Finally, when we conjure up an image of a carer, it is often that of an adult, usually female, family member. However, care provision is not a universally 'adult' role. Even very young children are frequently engaged in care-giving activities, particularly for younger siblings, but also, in some instances, for their disabled parents or grandparents (Doran *et al.* 2003). Young carers should be considered within an archaeology of care context more explicitly than they currently are (Gowland, in press). Children are too often viewed as passive and dependent recipients of care, rather than economically and socially active agents. This section has aimed to highlight the importance of a life course approach to care in the past, both in terms of carer identity and social perceptions of disability identity.

## **Contents**

The contents of the volume are organised within thematic sections regarding different forms of care-giving. Chapters relating to the care provided for people at different stages of the life course are first covered by Mary Lewis, Ellen Kendall, Heidi Dawson and Rebecca Gowland. Following on from this, discussions of impairment, disability, and especially the ability for us to recognise practices both of care-giving and the withholding of appropriate care, are provided by Nicholas Thorpe, David Doat, Shawn Phillips, and Marlo Willows. Finally, Gary King and Richard Thomas offer perspectives on an often neglected aspect of

the interactions between care-giving practices and animals. Whilst the book is organised thematically, none of these issues can be examined productively alone. Age is inextricably linked with questions of health, impairment, and disability as the life course progresses. Likewise, the ways in which impairment and disability are understood are closely bound together with the social role of an individual and questions of their age and gender. We hope that the interrelatedness and complexity of the factors that influence care are conveyed through the papers provided.

### ***Care and the life course***

This section begins with Mary Lewis' comprehensive, global, analysis of the palaeopathological evidence for congenital disease in children and the implications for our understanding of the care and treatment of those born with impairments in the past. This survey and analysis highlights the richness of the data available and significance for accessing past perceptions of both childhood and disability in the past. Mary Lewis successfully challenges previously asserted assumptions regarding the widespread infanticide of those born with visible defects (see also Southwell-Wright 2014, for the Roman period), highlighting the remains of children with severe and very visible defects who were nevertheless cared for and, apparently integrated into the community. This chapter also highlights a number of instances in which disabled children had lived until their teenage years, and therefore the recipient of some degree of care, but whose burial was non-normative or marginalised spatially, and in some instances there is evidence for physical abuse. Lewis wide-ranging and varied study addresses the complexity of the evidence and also emphasises the importance of an integrated approach by utilising historical and burial evidence alongside the palaeopathological data.

For the last few decades, stable isotope studies of breastfeeding and weaning have provided unique and valuable insights into infant care in the past. Ellen Kendall critically evaluates the methodological and interpretive assumptions inherent to many of these studies. She emphasises the heterogeneity of experiences likely to exist within any one particular cultural group and the agency of the infant and well as the mother in terms of this crucial early relationship of care. Kendall argues that there is a tendency for such variability to be suppressed in favour of an emphasis on cultural norms. This chapter, in common with Lewis, highlights the need for a move towards embracing the complexity of care practice in the past, rather presenting a homogenised and potentially misleading viewpoint.

Heidi Dawson's "Precious things: examining the status and care of children in Late Medieval England through the analysis of cultural and biological markers" is our final contribution to the discussion of care in childhood. In this chapter, Dawson brings together evidence from historical documents, funerary practices and skeletal remains to explore how children were perceived during the period and the status and care they were afforded. Unlike traditional views of childhood in the past, she argues that literary and archaeological evidence indicates parents at this time held real emotional attachments to their children. She also argues that the similar treatment of subadults and adults in burial signifies the

importance of children and their ability to hold high status in late Medieval society. The biological evidence for endemic childhood stress and debilitating pathologies within the sample population provides further evidence for the provision of care that allowed children to survive for a sufficient length of time for markers to be observed in the skeletal record.

Rebecca Gowland's chapter brings into focus the subject of the impaired elderly in the past. In this chapter Gowland argues that the elderly and elder care have largely been neglected in archaeology, despite representing a dominant concern amongst modern developed societies. There is a tendency to assume that only very few people in the past reached advanced ages and that they were uniformly treated with respect and venerated as sources of cultural wisdom. However, the historical and ethnographic evidence demonstrates that the elder treatment varies enormously cross-culturally and includes negative and derogatory behaviours, even within societies that venerate the old. Gowland examines the bioarchaeological and funerary evidence for Roman Britain and argues that older females were at risk of marginalisation and even abuse.

### ***Care, impairment, and disability.***

Nicholas Thorpe's chapter, "The Palaeolithic compassion debate - alternative projections of modern-day disability into the distant past", opens our section on impairment and disability. In this chapter Thorpe argues that the debate on compassion in prehistoric contexts has been held back by archaeologists projecting emotional and potentially inappropriate viewpoints onto past evidence that does not belong. He argues that placing the burden of evidence onto looking *for* evidence of care-giving and altruism in the past rather than taking such behaviour as a given, or null-hypothesis, serves to alienate and de-humanise past peoples and is based on erroneous positions taken from particularly scientific perspectives.

David Doat's follower chapter "Setting the scene for an evolutionary approach to care in prehistory: A historical and philosophical journey" complements and reinforces Thorpe's perspective on the importance of reconsidering our held assumptions regarding care in prehistoric societies. Coming from a background of philosophy rather than archaeology, Doat provides a unique perspective on the development of evolutionary thinking regarding care-giving practices and the way they have influenced and limited the ways in which archaeologists and paleoanthropologists have thought about care practices in prehistory. Crucially, Doat also highlights the ethical importance of this debate for contemporary thinking about care and compassion in society.

Shawn Phillips' contribution on "'A Long Waiting for Death': Dependency and the Care of the Disabled in a Nineteenth Century Asylum", in contrast to the two previous theoretically-oriented chapters, lets us look at the combined historical and archaeological record of one context of care-giving, Oneida County Asylum, New York. Within his chapter, Phillips not only addresses the care afforded to inmates within a state institution, but how the adopted care strategies resulted in the differential treatment of mental and physical disabilities. One crucial insight that Phillips provides in this paper is that whilst asylums, and other medical centres, can simultaneously be conceived of as both places of supposed 'care'

for their inmates, but also of neglect and deprivation. As Gowland discusses in her chapter, the absence of care and its negation in the form of abuse are incredibly important topics to consider in relation to care, and the evidence of the individuals provided in this paper form an important contribution to the literature in this regard.

In the last chapter of this section, Marlo Willows “prayers and poultices: Medieval health care at the Isle of May, Scotland, c. AD 430-1580” provides an excellent example of how multiple lines of enquiry can be used to assess care in the past. Willows brings together a wide array of evidence from historical literature, archaeological excavation, archaeobotany, skeletal analysis, radiocarbon dating and isotopic analysis to explore the nature of the healing tradition at the Isle of May during the Medieval period. By combining these sources, she is able to confirm the presence of a healing culture that predates previous estimates, and validate its wider social importance, drawing individuals from as far away as 240km to seek help.

### ***Care and non-human animals.***

Care for and between humans is the focus of much of this volume, but the role of animals both in their use in the provision of care and the care that is afforded them is another important topic of historical interest, and one we are happy to have had explored in this volume in two contributions by Richard Thomas and Gary King.

Richard Thomas’ chapter, “Towards a zooarchaeology of animal ‘care’” provides an important perspective on the viability of looking at both the potential of looking at human-provided animal care and the potential limitations placed by the nature of our osteological evidence on being able to do so. This paper explores the ways in which animals are used by humans, as companions, sources of labour, and as sources of food, and how the types and quality of care we could expect to see in these cases will differ in different cultural and historical situations through a range of historical examples. His paper forms an important reminder that care is not something that is uniquely applied to humans, but something we should be looking for and considering in all areas of archaeological interaction.

In contrast to Thomas, Gary King’s chapter “Rare Secrets of Physicke: Insect Medicaments in Historical Western Society” offers insight into the role that insects have played in human medical and care-giving practices. Through looking at both historical texts and archaeological remains, King explains, we can get great insight into the important role that insects played in the pharmacopoeia of past societies. In doing so, we can get important insights into both care in the past, but also ascertain hints of the pharmacological properties of insects that can be used in present-day societies.

Overall, these chapters represent a variety of approaches to the topic of care in the past, from case studies, to populations studies, from evolutionary approaches to philosophical critiques, from infant to elder care, care within domestic to institutionalised or religious settings. It offers insights into the inter-sectionality between care and other

aspects of the social personae, such as age or gender, and showcases the power of a multidisciplinary approach to care in the past.

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